

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Child and Adult Care Food Program Federal Aids and Audit Section

Instructions for Completing the Reimbursement Claim After School Hours Care Site and Emergency Shelter Components PI-1489-B (Rev. 02-10)

1. Complete the information in the boxes at the top of the claim, including the *daytime telephone number* for the person responsible for completing the claim.

2. Complete *I. Enrollment Data*:

LINE 1..... Fill in the total number of children enrolled in the after school hours program **for all sites**. (**Does not** apply to emergency shelters.)

LINE 2..... Fill in the total number of **residential** children at **all** sites.
(**Does not** apply to after school hours care sites.)

3. Complete *II. Participation Data* using the applicable column(s):

LINE 3..... Report the total *Number of Sites*.

LINE 4..... List the *Number of Days of Service* that sites were open and serving meals during the month. If sites differed in the total days of service, use the greater number for the days of service.

LINE 5..... Report *Average Daily Attendance*. Using the daily attendance records, NOT meal count sheets, determine the number of children in attendance each day the site was open and serving meals. Then add up each day's total to get a monthly total. Divide the monthly total by the number of days of operation that month to determine *Average Daily Attendance* (round all fractions up to the next whole number).

LINE 6..... Report total *Number of Meals and/or Snacks Served to Eligible Children* using meal count records. At Risk After School Hours Care Sites may only be approved for a **supper and/or a snack during regular school days and any one meal (breakfast, lunch, or supper) and/or a snack during weekends and holidays** (e.g., Spring Break). After school hours care sites may only claim reimbursement for up to one (1) meal and one (1) snack per child per day. Line 6 **does not** apply to emergency shelter sites.

LINE 7..... Report the *Number of Meals Served to Eligible Residential Children* by meal type served. The number of supplements (snacks) must be reported by type (AM Snacks, PM Snacks, Additional Snacks). Line 7 **does not** apply to after school hours care sites.

4. Complete *III. Certification*:

As an assurance that the claim information is accurate, the *Authorized Representative* identified on the DPI *Application/Agreement* must complete, sign, and date the bottom of the form.